

No. 88899	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																									
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>** FINAL NOTICE **</b> <b>NO FEE REQUIRED</b>		1. Mailing Address. <i>Please Correct If Not Correct</i>	BARBARA L. COCHRILL 3048 WILSON ROAD  WEIPPE ID 83553																								
4. Names and Addresses of Officers and Directors		3. Incorporated Under The Laws of ID NO: 088899																									
<table border="1"> <thead> <tr> <th data-bbox="41 409 726 441"></th> <th data-bbox="726 409 1123 441">Name</th> <th data-bbox="1123 409 1354 441">Street or P.O. Address</th> <th data-bbox="1354 409 1486 441">City</th> <th data-bbox="1486 409 1618 441">State</th> <th data-bbox="1618 409 1652 441">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="41 441 726 484">President:</td> <td data-bbox="726 441 1123 484">AKT R. Cochrell</td> <td data-bbox="1123 441 1354 484">3048 Wilson Rd.</td> <td data-bbox="1354 441 1486 484">Weippe,</td> <td data-bbox="1486 441 1618 484">ID</td> <td data-bbox="1618 441 1652 484">83553</td> </tr> <tr> <td data-bbox="41 484 726 526">Secretary:</td> <td data-bbox="726 484 1123 526">BARBARA L. Cochrell</td> <td data-bbox="1123 484 1354 526">3048 Wilson Rd</td> <td data-bbox="1354 484 1486 526">Weippe,</td> <td data-bbox="1486 484 1618 526">ID.</td> <td data-bbox="1618 484 1652 526">83553</td> </tr> <tr> <td data-bbox="41 526 726 569">Directors:</td> <td data-bbox="726 526 1123 569">DALE O. Cox</td> <td data-bbox="1123 526 1354 569">227 College Ave</td> <td data-bbox="1354 526 1486 569">Groffind,</td> <td data-bbox="1486 526 1618 569">ID.</td> <td data-bbox="1618 526 1652 569">83544</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	AKT R. Cochrell	3048 Wilson Rd.	Weippe,	ID	83553	Secretary:	BARBARA L. Cochrell	3048 Wilson Rd	Weippe,	ID.	83553	Directors:	DALE O. Cox	227 College Ave	Groffind,	ID.	83544
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5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
Log Home Manufacturer	Signature <u>Barbara L. Cochrell</u> Name (Typed or Printed) <u>BARBARA L. Cochrell</u>	Date <u>10/23/91</u> Title <u>Secretary</u>																									